



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re. application of: Bryan Wolf

Applicant's Reference: IGT1P064/P-463

Application No.: 10/006,496

Examiner: Capron, Aaron J.

Filed: December 5, 2001

Group: 3714

Title: METHOD FOR REPRESENTING A GAME
AS A UNIQUE NUMBER

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on April 9, 2004 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: _____

Leslie Russell
Leslie Russell

AMENDMENT B

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

APR 15 2004

TECHNOLOGY CENTER 3700

Dear Sir:

In response to the final Office Action mailed February 10, 2004, please amend the above-identified patent application as follows:

Amendments to the Abstract are reflected in the listing of claims that begin on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.



AF/3700

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Leslie Russell

AMENDMENT TRANSMITTAL

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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TECHNOLOGY CENTER 3700

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	46	MINUS	46	00	x 9 =	x 18 = 0.00
Independent Claims	05	MINUS	05	00	x 43 =	x 86 = 0.00
Multiple Dependent Claim Present and Fee Not Previously Paid					\$145.00	\$290.00
Total					\$	\$0.00

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☐ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. IGT1P064).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

Roger S. Sampson
Reg. No. 44,314

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